

Miről szól ez a hirdetés? Magyarázza meg a 'SERPS' szó jelentését! Foglalja össze a hirdetés által kínált szolgáltatás előnyeit! Ha ön egy 35 éves, családos angol mérnök lenne, érdekelné a dolog? Töltse ki a nyomtatványt ennek megfelelően!

# Starting up a personal pension is complicated and expensive, right? Wrong.



**I**t's never been easier - or wiser - to start a personal pension than right now. Why? Because the Government has made some radical changes to the current pension laws... changes that make it easier than ever before to have a personal pension of your very own.

## The BIG Change

After the year 2000, the Government plans to *reduce* payouts from the State Earnings Related Pension Scheme (called SERPS) - a pension currently paid for through National Insurance contributions.

So in the future, the purchasing power of a SERPS pension will be a lot less than it is today.

## The GOOD News

Under the new laws, you can switch from the SERPS scheme to a personal pension of your own.

But don't worry - it's not going to be complicated. Sun Alliance will help with the paperwork.

And the good news is a Sun Alliance pension needn't cost a penny more than the SERPS scheme.

Better still you can build up your pension with your own contributions. You can pay as little as £15 a month, although it's worth bearing in mind that the average contribution to a company pension scheme by an employee is 4½% of earnings. The employer would at least match this giving a total of 9%.

If you're self-employed - and therefore not contributing to SERPS - the news is still good. Because taking out a personal pension now is even better than before.

## Your Annual Bonus

What's more, when you switch from SERPS to a personal pension, the Government could boost your pension with a cash bonus every year until 1993. This year alone you could receive as much as £293.

But you need to be in from the start to make the most of the new pension opportunities. So don't delay.

**SERVICELINE: Call (0403) 44344**



If you'd like more information about the new pension opportunities and the tax advantages available to you, simply call (0403) 44344 any weekday 9am-8pm. Our experienced staff will be happy to help you.

## FREE Pocket Calculator

Sent without obligation with your Personal Illustration when you apply. (One gift per applicant.)

## FREE Plug-in Telephone

A stylish two-piece, plug-in telephone when you build up your pension with your own contributions. Sent to you free once your plan is in force.

R168

## Apply by 20 July 1990

Although these terms may be available later, they cannot be guaranteed after this date.

FREE - our easy-to-read pensions booklet and your own Personal Illustration - both without obligation. And discover the benefits of the Golden Card - issued to every Sun Alliance Personal Pension policyholder. We may call you to ensure you have received your Personal Illustration and help you with any queries you may have.



Call 0403-44344 (weekdays 9am-8pm). Or post this coupon to: Sun Alliance, LDM (PPP) Dept, FREEPOST, Horsham, W Sussex RH12 1ZA.

Surname  BLOCK LETTERS PLEASE  
Mr/Mrs/Miss/Ms   
Forenames   
(in full)

Address

Postcode   
Age  Date of Birth  /  /   
(Please tick) Day Month Year

- Are you ☐ employed ☐ or self-employed?
- When would you like to retire?  
☐ 50 ☐ 55 ☐ 60 ☐ 65 ☐ 70 ☐ 75.
- Say 'YES' to an even bigger pension!  
YES! I want to contribute each month  
☐ £100 ☐ £50 ☐ £30 ☐ £20

Other amount £  (minimum £15 up to a maximum of 17½% of your earnings, or more if you are 36 or over).

4. Name of Financial Adviser (if any)

5. Your salary £  (Please complete if you would like a *personalised* illustration).  
POST TODAY. NO STAMP REQUIRED. NO OBLIGATION.



**SUN ALLIANCE**  
LIFE & PENSIONS

A10/P1 GT8 CK

This is based on the Company's understanding of current law and Inland Revenue practice at the time of going to press. A specimen policy giving full terms and conditions is available on request. The policy is underwritten by Sun Alliance & London Assurance Co. Ltd. Member of LAUTRO. (Registered Office, 1 Bartholomew Lane, London EC2N 2AR. Reg. in England 194416). Available only to persons residing in the United Kingdom.

**Olvassa el ezt a rövid hirdetményt, és foglalja össze a legfontosabb tudnivalókat: kiknek szól elsősorban, mikor lesz a konferencia, milyen programokat kínálnak? Önt érdekelné a program, de két apró gyermekét nem tudja kire bízni, és bottal közlekedő idős édesanyját is szeretné magával hozni. Vajon ez megoldható? Kérjen információt erről a mellékelt kérdőív segítségével!**

## CONFERENCE ON WOMEN AND LEISURE

### MORNING

**10.00am REGISTRATION AND COFFEE**

**10.30am** Welcome by *Councillor Alison Lowe*

#### Speakers

- Rohney Malik
- Alwyn Knowles

**11.05am WORKSHOPS**

- 100 questions you wanted to put to the Director of Leisure Services.
- Create your own paper flowers.
- Workshops for different groups of women.
- Tai Chi  
An ancient health exercise.

### AFTERNOON

**12.30pm LUNCH**

- Stalls • Music

**1.45pm Speaker**

- Dusty Rhodes

**2.00pm WORKSHOPS**

- Discussion about ideas and action.
- Black Writers' Workshop.
- Women and leisure in Victorian times with Magic Lantern Show.
- Find out how to draw cartoons.
- Self Defence.

**3.30pm** Poetry Performance by Jean 'Binta' Breeze.

**4.00pm CLOSE AND FAREWELL**

IF YOU NEED ADVICE ON ANY OF THE FOLLOWING PLEASE LET US KNOW BY TICKING THE BOX(ES) AND FILLING IN THE SLIP.

PLEASE TEAR OFF AND RETURN BY 13TH JANUARY 1995 TO:

SURJI CAIR, EQUAL OPPORTUNITIES UNIT, 4th FLOOR, CIVIC HALL, LEEDS LS1 1UR.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

- |                                |                          |                             |         |                          |
|--------------------------------|--------------------------|-----------------------------|---------|--------------------------|
| Car Parking for Disabled Women | <input type="checkbox"/> | Translated information in:  | Punjabi | <input type="checkbox"/> |
| Information on tape:           |                          |                             | Urdu    | <input type="checkbox"/> |
| English                        | <input type="checkbox"/> |                             | Chinese | <input type="checkbox"/> |
| Bengali                        | <input type="checkbox"/> |                             |         |                          |
| Large Print                    | <input type="checkbox"/> | Childcare - No. of Children |         | <input type="checkbox"/> |
| Full Access Details            | <input type="checkbox"/> | Braille                     |         | <input type="checkbox"/> |
| Transport for Disabled Women   | <input type="checkbox"/> | Tactile Map                 |         | <input type="checkbox"/> |
| Assistance for Disabled Women  | <input type="checkbox"/> | Loop System                 |         | <input type="checkbox"/> |

Leeds City Council Women's Committee Conference

# Women & Leisure

at Leeds Civic Hall  
Saturday 28th January 1995

10am - 4pm

refreshments and food

Speakers include:

Dusty Rhodes  
Rohney Malik  
Alwyn Knowles  
Tai Chi • Flower Making • Cartoon  
Self Defence • Creative Writing  
Art & Craft Stalls

Poetry Performance:  
Jean 'Binta' Breeze



Community Benefits And Rights  
Equal Opportunities Unit

## All Women Welcome

Free Creche at Park Lane  
College with Transport  
provided to and from Civic Hall.  
For information contact Surji Cair,  
Equal Opportunities Unit,  
Leeds City Council, Civic Hall,  
Telephone 474195 Minicom 474196

Ön ösztöndíjjal a Temple University 4 hetes tanfolyamán vesz részt, Philadelphiában, PA 19122. Egyik nap az egyetemen a lépcsőn lefelé menet megcsúszik és kificamítja a bokáját. Meg is kell röntgeneztetni. Szerencsére a tanfolyami biztosítás alapján ingyenes kezelést kaphat. Ehhez ki kell töltenie a baleseti bejelentőlapot.

UNITED STATES INFORMATION AGENCY  
PARTICIPANT'S INSURANCE CLAIM FORM — PART A

POLICY NUMBER  
SRG 8034116

INSTRUCTIONS

1. Insured must complete Part A and the Medical Data Authorization. All Parts must be completed.
2. Have your doctor complete Part B (on the reverse side of this form), then attach receipts or bills from physicians or hospitals and mail to: E.G. Bowman Co., Inc., Attn: USIA, 97 Wall Street, New York, NY 10005.
3. Do not mail this form, receipts or bills until completion of medical treatment unless treatment will continue beyond (20) days following the inception date of the accident or sickness.
4. Copy of ID must accompany this form.
5. Diagnoses must appear on either bill or claim form.

Name of Insured (First, Middle, Last)

Residence Address and Phone Number	Home Country
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Name of School Attending and Contact Phone Number (if applicable)

Program Advisor's Name and Address and Phone Number

CLAIM INFORMATION

Claim is for: ☐ Sickness ☐ Injury

Date of Accident or Sickness	If Sickness, Date Symptoms first noticed	If Sickness, has the Claimant ever had the same or similar condition?
If Sickness, State Diagnosis		If so, state when and describe

If Injury, Nature of Injury

If Injury, cause, circumstances, and location of accident

Name and Address of Doctor first consulted	Date of first consultation
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Names and Address of all other Doctors in attendance

Names and Addresses of Hospitals

Is this loss covered by other insurance? ☐ Yes ☐ No If yes, give names and addresses of other companies.

CLAIM FORMS NOT PROPERLY COMPLETED WILL RESULT IN THE RETURN  
OF THE CLAIM FORM OR IN PAYMENT DELAY

Amounts Paid  
\$

MEDICAL DATA AUTHORIZATION

(To avoid delay, please sign this authorization)

You are hereby authorized to furnish at the request of and to AIG Life Insurance Company or its accredited representative all information which you may possess: including findings and treatment rendered, X-rays and copies of all hospital or medical records, all occasioned by professional services and hospital care rendered in my behalf.

The foregoing authorization is granted with the understanding that any legal rights I may ordinarily have to claim communications between us as privileged are hereby expressly and voluntarily waived. A photostat of this authorization shall be considered as effective and valid as the original.

Date	Spouse's Signature	Insured's Signature
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ASSIGNMENT OF INSURANCE BENEFITS—AUTHORIZATION TO PAY  
(TO BE COMPLETED BY THE INSURED IF PAYMENT IS TO BE MADE DIRECTLY TO PHYSICIAN OR HOSPITAL)

I hereby authorize payment directly to \_\_\_\_\_ of group benefits otherwise payable to me.  
I understand I am financially responsible for charges not covered by this authorization.

Date

Insured's Signature

.A Prudential Biztosító sokféle biztosítást kínál. Önt a nyugdíj-kiegészítő biztosítás érdekelné, és szívesen kötne életbiztosítást is, melynek kedvezményezettje felesége vagy gyermekei lennének. Töltse ki ez alapján a Biztosító kérdőívét!



The Prudential  
Insurance Company  
of America

### YOU'RE INTERESTED...WE'RE INTERESTED

Would you mind just completing the information requested below so that we may furnish you with complete facts on a program which may be of interest to you?

Sincerely,

Prudential/Pruco Securities Representative

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NO. (HOME) \_\_\_\_\_ (BUSINESS) \_\_\_\_\_

BEST TIME TO CALL \_\_\_\_\_

DATE OF BIRTH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

SPOUSE'S DATE OF BIRTH: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

I would like to have information on the items checked below:

- ☐ ( ) Auto Insurance\*
- ☐ ( ) Homeowners/Renters Insurance\*
- ☐ ( ) Watercraft Insurance\*
- ☐ ( ) Recreational Vehicle Insurance\*
- ☐ ( ) Residential Mortgages††
- ☐ ( ) Money Market Deposit Account\*\*
- ☐ ( ) Certificates of Deposit\*\*
- ☐ ( ) Mutual Funds\*†
- ☐ ( ) IRA (Individual Retirement Account) and Other Retirement Plans
- ☐ ( ) Health Care Insurance
- ☐ ( ) Disability Income
- ☐ ( ) Pru-Review
- ☐ ( ) Other \_\_\_\_\_
- ☐ ( ) Career Opportunities Available with The Prudential

#### General Life Insurance:

- ☐ ( ) Whole Life Insurance
- ☐ ( ) Universal Life Insurance
- ☐ ( ) Variable Universal Life Insurance
- ☐ ( ) Variable Life Insurance\*†
- ☐ ( ) Single Premium Life Insurance
- ☐ ( ) Family Coverage
- ☐ ( ) Coverage to Help Protect My Mortgage
- ☐ ( ) Spouse Coverage
- ☐ ( ) Juvenile Coverage for My Children or Grandchildren

\*Issued by Prudential subsidiaries

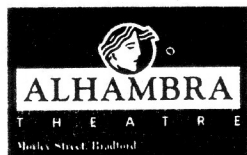
†Available through Pruco Securities Corporation, Newark, N.J.

\*\*Available through The Prudential Bank & Trust Company

††Available through The Prudential Home Mortgage Company



**Ön Halifaxban élő, 65 éves nagynénjénél vendégeskedik. Szeretnék meg-  
nézni a bradfordi Alhambra Színházban a Gigi című musicalt. Nagynénje  
kérésére rendeljen jegyet neki és saját magának a szombat délutáni előadás-  
ra! Nagynénje a páholyban szeret ülni. Olvassa el a tájékoztatót és töltsé ki  
a megrendelőt! Használja ki a lehetséges kedvezményt!**



**TUESDAY 14 – SATURDAY 18 FEBRUARY 1995**  
Evenings at 7.30pm Saturday Matinee at 2.30pm

## Great Horton Amateur Operatic Society

Lerner and Loewe, whose many successes include the brilliant "My Fair Lady", present in "Gigi" a musical version of the great French authoress COLETTE'S charming tale of a young girl's search for true love. The memorable songs include – *Thank Heaven for Little Girls, The Night They Invented Champagne, I Remember it Well, I'm Glad I'm Not Young Any More* and, of course, *GIGI*.

*GIGI*

### HOW TO BOOK

Seats may be booked from any member, or from the Booking Manager, using the form below. (Cheques payable to Great Horton Amateur Operatic Society). You may also book from 10 Oct. 1994 from Bradford Theatres Box Office by one of the following methods:

#### By telephone

Sales and Reservations  
**0274 752000**  
Mon - Sat. 9.00 – 8.00pm  
Thursday 11.00 – 8.00pm

#### Access and Visa welcome

Tickets purchased by credit card will automatically be dispatched by return, incurring a 50p charge, unless booking is made within one week of the performance, when the tickets may be collected at the theatre. It is necessary to quote your card number, its expiry date, your name and address when booking.

#### By Post

Send a cheque or postal order payable to Bradford Council and enclose a SAE to: Bradford Theatres Box Office 64 – 66 Morley Street, Bradford BD7 1AQ.

#### Group bookings

Group Hotline  
**0274 757788**  
Monday – Saturday, 10.00am – 6.00 pm  
Take advantage of reserving your seats now and paying for them later.

#### In Person

At the Alhambra Theatre (Monday – Friday, 12.00 – 8.00pm; Saturday 9.30am – 8.00pm) or St. George's Concert Hall (Monday – Saturday 9.30am – 8.00pm; Thursday 11.00am – 8.00pm). Alternatively at one of our agencies. There's one near you – call the information number below for details.

#### General Information

Information Line  
**0274 757575**  
Call this number if you have any query and are not making a booking.

### TICKET PRICES

<b>Tuesday</b>	
Stalls	£7.00
Rear Stalls	£6.00
Circle	£7.00
Rear Circle	£6.00
Upper Circle	£4.00

#### Wednesday to Saturday

Stalls	£9.50
Rear Stalls	£8.50
Circle	£9.50
Rear Circle	£8.50
Upper Circle	£4.00
Boxes (seat 4)	£22.00 & £38.00

### SPECIAL OFFERS

**Over 60s, Children, Students and CAU Cardholders**

Wednesday, Thursday and Friday evenings

**£1.50 off all seats**

Saturday matinee

**£2.50 off all seats**

**Groups of 10 or more**

at all performances except Tuesday and Saturday evenings

**10% off all seats**

(including Over 60s, Children, Students and CAU Cardholders prices where applicable)

### BOOKING FORM

Please reserve

Day	Date	Number of tickets	Seating Area Stalls, Rear Stalls, Circle, Rear Circle, Upper Circle	Price	Total £

Total amount £

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Please complete and return to:

**R A Winn**  
**22 Brayshaw Drive**  
**Bradford BD7 4LY**  
**Telephone 0274 571040**

Please enclose a SAE and Remittance for the total amount above.

**SAE: Self-Addressed Envelope**

Képzeld el, hogy ön egy amerikai-magyar vegyesvállalat osztályvezetője!  
Bizonyára érdekelné önt a Menedzser Intézet által kínált lehetőség. Adja  
meg személyi adatait, töltsse ki a kérdőívet angolul!

# EAST WEST MANAGEMENT INSTITUTE

## REGISTRATION FORM

East West Management Institute is a new organization that links people who are interested in arranging for management internships in the United States, Australia, Western Europe, Canada, and Japan for a period of six months or more with an organization willing to sponsor interns.

Your information will become part of the database that will be accessed by organizations interested in hosting interns for training and to gain practical knowledge from being involved in the management of competitive enterprises.

Simply complete this form and return it to:

EAST-WEST  
MANAGEMENT INSTIT.  
BUDAPEST 1054  
SZENT ISTVAN KRT 11

### CANDIDATE INFORMATION SHEET

#### 1. Personal Data

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Identity Card No.: \_\_\_\_\_

Permanent Address:

Street/Box \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Permanent Phone: (area code and number) \_\_\_\_\_

Current Address: [If different from above]

(From \_\_\_/\_\_\_ to \_\_\_/\_\_\_) (month/year)

Street/Box \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_

State/Province \_\_\_\_\_ Country \_\_\_\_\_

Current Phone: [If different from above] \_\_\_\_\_

Citizenship: (country) \_\_\_\_\_

City, Country of Birth: \_\_\_\_\_

Date of Birth: (month/day/year) \_\_\_/\_\_\_/\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

Attach  
Photo